

PATENT

Attorney's Docket No. 1913.3008.001 (Detroit Diesel)

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (*check one applicable item below*)

original
 design
 supplemental

NOTE: If the declaration is for an international Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

national stage of PCT

NOTE: If one of the follow 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

divisional
 continuation
 continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ENGINE CONTROL SYSTEM AND METHOD OF AUTOMATIC STARTING AND STOPPING A COMBUSTION ENGINE

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

(a) is attached hereto.

(b) was filed on _____ as Serial No. _____ or _____ and was amended on _____ (if applicable). NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

(c) was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

 In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) X no such applications have been filed.

(e) such applications have been filed as follows

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NUMBER	DATE OF FILING (DAY, MONTH, YEAR)	PRIORITY CLAIM UNDER 35 USC 119
			YES <u> </u> NO
			YES <u> </u> NO
			YES <u> </u> NO
			YES <u> </u> NO
			YES <u> </u> NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.
(List name and registration number)

<u>Attorney</u>	<u>Reg. No.</u>	<u>Attorney</u>	<u>Reg. No.</u>
Edward J. Biskup	18,987	John F. Learman	17,069
David A. Burns	46,238	Steven L. Permut	28,388
Robert C. Collins	27,430	Brian L. Ribando	27,109
Paul J. Ethington	17,299	Matthew J. Schmidt	43,904
Robert L. Farris	25,112	William J. Schramm	24,795
Francis J. Fodale	20,824	James D. Stevens	35,691
William H. Francis	25,335	Steven B. Walmsley	48,021
William H. Griffith	16,706	William J. Waugaman	20,304
Andrew M. Grove	39,697	Charles R. White	20,494
George A. Grove	23,023	John D. Wright	49,095
Eric T. Jones	40,037		

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

Steven L. Permut

Reising, Ethington, Barnes, Kisselle, P.C.
P.O. Box 4390
Troy, MI 48099

(248) 689-3500

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application of any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor Jeffery Scott Hawkins

Inventor's signature Jeffery Scott Hawkins

Date 6/18/03 Country of Citizenship United States of America

Residence Farmington Hills, Michigan

Post Office Address 31805 Bond Blvd., Farmington Hills, MI 48334

Full name of second joint inventor, if any _____

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

Full name of third joint inventor, if any _____

Inventor's signature _____

Date _____ Country of Citizenship United States

Residence _____

Post Office Address _____

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED
PAGE(S) WHICH FORM A PART OF THIS DECLARATION**

Signature for forth and subsequent joint inventors. Number of pages added _____

Signature by administrator(trix), executor(trix) or legal representative for
deceased or incapacitated inventor. Number of pages added _____

Signature for inventor who refuses to sign or cannot be reached by person
authorized under 37 CFR 1.47. Number of pages added _____

* * *

Added pages to combined declaration and power of attorney for divisional, continuation,
or continuation-in-part (CIP) application. Number of pages added _____

* * *

Authorization of attorney(s) to accept and follow instructions from representative.

* * *

**If no further pages form a part of this Declaration then end this Declaration with this
page and check the following item**

X **This declaration ends with this page.**